

**Iowa Department of Inspections and Appeals**

Food and Consumer Safety Bureau

Lucas State Office Building

321 E. 12<sup>th</sup> Street

Des Moines, IA 50319-0083

Dear Applicant:

Enclosed is an application for obtaining a food processing plant license from the (Iowa Department of Inspections and Appeals). Iowa law prohibits a food establishment or food processing plant from opening or operating until a license has first been obtained from the appropriate regulatory authority. Completed applications and documents must be submitted at least 30 days prior to the anticipated opening date.

The application must be fully completed and returned with all necessary documents to the (Iowa Department of Inspections and Appeals). **INCOMPLETE APPLICATIONS WILL BE RETURNED WITHOUT REVIEW.** Once applications and other required documents are received, the Department will review the documents and provide the applicant with the assigned inspector's contact information. The applicant is responsible for contacting the inspector to schedule a pre-operational inspection.

MAILING ADDRESS:     **Iowa Department of Inspections and Appeals**  
                              **Food and Consumer Safety Bureau**  
                              **Lucas State Office Building**  
                              **321 E. 12<sup>th</sup> Street**  
                              **Des Moines, IA 50319-0083**

Application Checklist:

- ☐ A fully completed Food Processing Plant Application
- ☐ Water test (if applicable)
- ☐ Appropriate fee (check, money order, or cash)

## FOOD PROCESSING PLANT LICENSE APPLICATION

### SECTION 1: COMPLETE THIS SECTION AND MOVE TO SECTION 2

LICENSE TYPE: **FOOD PROCESSING PLANT**

#### **PART A:**

**THIS FACILITY IS A:** (Select one or both)

☐ Food Manufacturing Facility (select all that apply)

- ☐ Acidified Foods
- ☐ Low-Acid Canned Foods
- ☐ Juice
- ☐ Fish and Fishery Products
- ☐ Ice Manufacturing
- ☐ Bottled Water
- ☐ Rabbit and other non-amenable meat species not subject to USDA or IDALs regulatory/voluntary inspection program
- ☐ Infant Formulas
- ☐ Egg Products
- ☐ Other Food Products (Good Manufacturing Practices covered products)

☐ Food Storage Facility (Warehouse) (select all that apply)

- ☐ Dry Storage
- ☐ Refrigerated Storage
- ☐ Frozen Storage
- ☐ Repackaging/Relabeling

#### **PART B:**

**PLEASE SELECT:**

☐ **New Food Processing Plant (Must complete section 3)**

☐ **Change of Ownership**

A currently operating food business that will have new ownership but generally the same type of processing, if the facility has been actively licensed and has been operational within the last 3 months. If not, select New Food Processing Plant above.

☐ **Other, Describe** \_\_\_\_\_

## SECTION 2: COMPLETE AND MOVE TO SECTION 3 (MUST BE FULLY COMPLETED)

### PHYSICAL LOCATION INFORMATION

NAME OF FOOD PROCESSING PLANT: \_\_\_\_\_

#### **ADDRESS OF FOOD PROCESSING PLANT:**

Street Number and Name	City	State	Zip Code
_____			
County _____			
( ) _____ Phone Number	( ) _____ Fax Number		
_____	( ) _____ Cell Number or Alternate Phone Number		
Email Address	_____		

**MAILING ADDRESS (If Other Than Above): All licensing and regulatory correspondence will be sent to this address**

Name	Street Address	City/State	Zip Code
_____	_____	_____	_____

#### **PROPRIETOR/OWNER TYPE:**

- ☐ SOLE PROPRIETOR
- ☐ PARTNERSHIP
- ☐ CORPORATION
- ☐ NON-PROFIT ORGANIZATION
- ☐ LIMITED LIABILITY CO. (LLC) OR PARTNERSHIP (LLP)
- ☐ SCHOOL(K-12)
- ☐ GOVERNMENT/MUNICIPALITY

#### RESPONSIBLE OFFICIAL AT THE FOOD PROCESSING PLANT

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ CELL PHONE ( ) \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

#### SECONDARY OFFICIAL AT THE FOOD PROCESSING PLANT

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ CELL PHONE ( ) \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

**PLEASE FILL IN DETAILED INFORMATION ON OWNERSHIP IN SECTION 4 OF THIS APPLICATION**

## **FOOD PROCESSING PLANT INFORMATION**

### **PART A:**

#### **DAYS OF OPERATION & TIME (Check days which apply & complete time facility is open)**

<input type="checkbox"/> Monday	Time _____	<input type="checkbox"/> Friday	Time _____
<input type="checkbox"/> Tuesday	Time _____	<input type="checkbox"/> Saturday	Time _____
<input type="checkbox"/> Wednesday	Time _____	<input type="checkbox"/> Sunday	Time _____
<input type="checkbox"/> Thursday	Time _____		

☐ If Seasonal: Indicate months of operation: \_\_\_\_\_

### **PART B:**

#### **THIS FACILITY MANUFACTURES OR STORES THE FOLLOWING TYPES OF PRODUCTS (select all that apply):**

- |  |  |
|--|--|
| <input type="checkbox"/> Whole Grains, Milled Grain, Products and Starch   | <input type="checkbox"/> Soft Drinks and Waters  |
| <input type="checkbox"/> Bakery Products, Doughs, Bakery Mixes, and Icings | <input type="checkbox"/> Beverage Bases  |
| <input type="checkbox"/> Macaroni and Noodle Products                      | <input type="checkbox"/> Coffee and Tea  |
| <input type="checkbox"/> Cereal Preparations, Breakfast Foods              | <input type="checkbox"/> Alcoholic Beverages   |
| <input type="checkbox"/> Snack Food Items (Flour, Meal, or Vegetable Base) | <input type="checkbox"/> Candy without Chocolate, Candy Specialties, and Chewing Gum                                 |
| <input type="checkbox"/> Milk, Butter, and Dried Milk Products             | <input type="checkbox"/> Chocolate and Cocoa Products  |
| <input type="checkbox"/> Cheese and Cheese Products                        | <input type="checkbox"/> Gelatin, Rennet, Pudding Mixes, and Pie Fillings  |
| <input type="checkbox"/> Ice Cream and Related Products                    | <input type="checkbox"/> Food Sweeteners (Nutritive)   |
| <input type="checkbox"/> Filled Milk and Imitation Milk Products           | <input type="checkbox"/> Multiple Food Specialist Dinners, Gravies, Sauces, and Specialties (Total Diet)             |
| <input type="checkbox"/> Egg Products                                      | <input type="checkbox"/> Soups   |
| <input type="checkbox"/> Fishery/Seafood Products                          | <input type="checkbox"/> Prepared Salad Products   |
| <input type="checkbox"/> Meat/Meat Products, and Poultry                   | <input type="checkbox"/> Baby (Infant and Junior) Food Products  |
| <input type="checkbox"/> Vegetable Protein Products (Simulated Meats)      | <input type="checkbox"/> Dietary Conventional Foods and Meal Replacement   |
| <input type="checkbox"/> Fruits and Fruit Products                         | <input type="checkbox"/> Food Additives—For Human Use  |
| <input type="checkbox"/> Nuts and Edible Seeds                             | <input type="checkbox"/> Color Additives   |
| <input type="checkbox"/> Vegetable and Vegetable Products                  | <input type="checkbox"/> Vitamins, Minerals, Proteins, and Unconventional Dietary Specialties for Humans and Animals |
| <input type="checkbox"/> Vegetable Oils (includes Olive Oil)               |  |
| <input type="checkbox"/> Dressings and Condiments                          |  |
| <input type="checkbox"/> Spices, Flavors, and Salts                        |  |

### **EMPLOYEE INFORMATION**

Anticipated # of employees/volunteers, including owner = \_\_\_\_\_

### SECTION 3: COMPLETE THIS SECTION AND MOVE TO SECTION 4

#### WATER, SEWER, WASTE INFORMATION

**WATER: The facility is using: (Check which one applies).**

- ☐ A public or municipal water supply.
- ☐ A non-public / non-municipal / private water supply (example: well water). **A current water test must be provided.**
- ☐ Not applicable. Please provide explanation: \_\_\_\_\_

**SEWER: The facility is using: (Check which one applies)**

- ☐ A municipal/public sewage disposal system.
- ☐ A non-public sewage disposal system
- ☐ Not applicable. Please provide explanation: \_\_\_\_\_

**REFUSE: (Check all that apply & complete fully)**

- ☐ The food facility refuse collector is \_\_\_\_\_ (company name)
- ☐ List any other refuse /waste collection companies (ex: grease collection, food waste and/or byproducts)
- \_\_\_\_\_

### SECTION 4: ALL APPLICANTS READ AND COMPLETE APPLICABLE OWNERSHIP INFORMATION

#### ☐ Sole Proprietor

First Name	Alternate or Cell Phone ( )
Last Name	Email
Address: City: State: Zip:	Fax ( )
Phone ( )	Signature

#### ☐ Partnership

##### General Partner#1

First Name	Alternate or Cell Phone ( )
Last Name	Email
Address: City: State: Zip:	Fax ( )
Phone ( )	Signature

##### General Partner#2

First Name	Alternate or Cell Phone ( )
Last Name	Email
Address: City: State: Zip:	Fax ( )
Phone ( )	Signature

#### ☐ Corporation

Corporation Name	Alternate or Cell Phone ( )
Address City: State: Zip:	Fax ( )
Phone ( )	Email
President/CEO	Signature of Corporate Official
Name of Corporate Official	Official Title of Signatory

☐ **Non-Profit Organization**

Name of Non-Profit Organization	Alternate or Cell Phone ( )
Address City: State: Zip:	Fax ( )
Phone ( )	Email
Organization President	Signature of Organization Official
Name of Organization Official	Official Title of Signatory

☐ **Limited Liability Company (LLC)**

Name of LLC	Email
Address City: State: Zip:	Name of President
Phone ( )	Signature of Official
Alternate or Cell Phone ( )	Official Title of Signatory
Fax ( )	

☐ **Limited Liability Partnership (LLP)**

**Member #1**

First Name	Alternate or Cell Phone ( )
Last Name	Email
Address: City: State: Zip:	Fax ( )
Phone ( )	Signature

**Member#2**

First Name	Alternate or Cell Phone ( )
Last Name	Email
Address: City: State: Zip:	Fax ( )
Phone ( )	Signature

☐ **Government/Municipality**

Name of Agency	Email
Address City: State: Zip:	Agency Official's Name
Phone ( )	Agency Official's Title
Alternate or Cell Phone ( )	Agency Official's Signature
Fax ( )	

☐ **School (K-12)**

Name of School District	Fax ( )
Address City: State: Zip:	Name of Superintendent
Phone ( )	Name of Signatory
Alternate or Cell Phone ( )	Title of Signatory
Email	Signature of Official

**SECTION 5: ALL APPLICANTS READ AND COMPLETE**

**Pay based on your sales type and a sales volume or value of products processed or stored at this physical address on an annual basis.** *Anticipated sales volume should be based on your business plan or in the case of a change in ownership, the previous ownership's sales will be used to set the fee. Please provide documentation to support the selected fee. If the highest fee is not selected, Tax or Certified Statement of total gross sales is required.*

- |   |
|---|
| <p><input type="checkbox"/> \$67.50 - Annual gross sales of \$1 to \$50,000</p> <p><input type="checkbox"/> \$135.00 - Annual gross sales of \$50,001 to \$250,000</p> <p><input type="checkbox"/> \$202.50 - Annual gross sales of \$250,001 to \$500,000</p> <p><input type="checkbox"/> \$337.50 - Annual gross sales of \$500,001 +</p> |
|---|

**FOR OFFICE USE ONLY**

Check # \_\_\_\_\_

Amount due \_\_\_\_\_

Penalty due \_\_\_\_\_

Check Amount \_\_\_\_\_